

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 574968

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
14	1		/			
15	1		/			
16	1		/			
17	1		/			
18	1		/			
19	1		/			
20	1		/			
21	1		/			
22	1		/			
23	1		/			
24	1		/			
25	1		/			
26	1		/			
27	1		/			
28	1		1			
29	1		1			
30	2		1			
31	2		1			
32	2		1			
33	2		1			
34	2		1			
35	2		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	2		1			
42	2		1			
43	2		1			
44	1		1			
45	1		1			
46	2		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
52	1		1		1	
53	1		1		1	
54	1		1		1	
55	1		1		1	
56	1		1		1	
57	1		1		1	
58	1		1		1	
59	1		1		1	
60	1		1		1	
61	1		1		1	
62	1		1		1	
63	1		1		1	
64	1		1		1	
65	1		1		1	
66	1		1		1	
67	1		1		1	
68	1		1		1	
69	1		1		1	
70	1		1		1	
71	1		1		1	
72	1		1		1	
73	1		1		1	
74	1		1		1	
75	1		1		1	
76	1		1		1	
77	1		1		1	
78	1		1		1	
79	1		1		1	
80	1		1		1	
81	1		1		1	
82	1		1		1	
83	1		1		1	
84	1		1		1	
85	1		1		1	
86	1		1		1	
87	1		1		1	
88	1		1		1	
89	1		1		1	
90	1		1		1	
91	1		1		1	
92	1		1		1	
93	1		1		1	
94	1		1		1	
95	1		1		1	
96	1		1		1	
97	1		1		1	
98	1		1		1	
99	1		1		1	
100	1		1		1	
TOTAL IND.	3		4			
TOTAL DEP.	63	←	53	←		
TOTAL CLAIMS	65	↓	57	↓		